

**BOARD OF REGISTERED NURSING**

P.O BOX 944210, SACRAMENTO, CA 94244-2100
 TDD (916) 322-1700
 TELEPHONE (916) 322-3350
 www.rn.ca.gov

**REQUEST FOR DUPLICATE LICENSE****FEE \$30.00****(Per License/Certificate)****PLEASE CHECK ONE:**

- | | | |
|--|--|---|
| <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Furnishing Number (NP) | <input type="checkbox"/> Public Health Nurse* |
| <input type="checkbox"/> Nurse Anesthetist | <input type="checkbox"/> Furnishing Number (CNM) | <input type="checkbox"/> Psychiatric Mental Health Nurse* |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Interim Permit | <input type="checkbox"/> Continuing Education Provider* |
| <input type="checkbox"/> Nurse Midwife | <input type="checkbox"/> Temporary License | |
| <input type="checkbox"/> Clinical Nurse Specialist | | |

*Pocket ID not available for
PHN, PMH and CEP

CHECK ONE: ☐ Wall Certificate ☐ Pocket ID

PLEASE RETURN YOUR CURRENT POCKET ID IF YOU ARE REQUESTING A CHANGE OF NAME

PLEASE PRINT OR TYPE:

1. California RN No:	2. Certificate or Permit No:	3. Expiration Date:	4. Birthdate:	5. SSN/FEIN:
6. Full Name: Last First Middle			7. Telephone No: ()	
8. Current Address: Number & Street		City	State	Zip Code
9. Name on Last Renewal: Last First Middle			10. Mother's Maiden Name:	
11. Explanation of Request:				
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
Signature of Applicant: _____			Date: _____	

SOCIAL SECURITY NUMBER

Disclosure of your social security number (SSN) or federal employer identification number (FEIN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorize collection of your social security number. Your social security number or FEIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number or your FEIN your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.